Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL024011 06/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 000 Initial Comments C 000 This report is of a Biennial Construction Survey done by Bob Getchell and Ed Miller on June 29. 2016. A complaint investigation was done at the same time. This facility was first licensed as a Home for the Aged serving 80 residents on November 1, 1975. Therefore the facility must meet the 1971 and the applicable portions of the 2005 10A NCAC 13 F Rules for the Licensing of Adult Care Homes of Seven or more Beds, and, the 1967 North Carolina State Building Code; Group D-2 Institutional Occupancy. AUG 11 2016 Deficiencies were noted which will require a plan CONSTRUCTION SECTION of correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; Division of Health Service Regulation ORY DIRECTOR'S OR PROVIDER/S

SCANNED

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 06/29/2016 HAL024011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (0.5)(X4) ID PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 101 C 101 Continued From page 1 Facility has contacted (1) This Rule is not met as evidenced by: Based on observation, the facility failed to meet the 1971 Minimum Rules requirement for all heat detectors in complete detection. Findings include: There was no fire detecting device (a heat or smoke detector connected to the fire alarm system) provided in the following spaces: 9/30/16 Room 5, Room 12, Room 14, Room 15, Room 16, Room 17, Room 18, Room 19, and Room 20. C 150 (2) Tri Tek will monitor C 150 Corridors-Free of equipment and Obstructions terly busis. Any SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL etions will be ENVIRONMENT to TriTek (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: Based on observation, egress from all areas (1) All furniture was removed was not maintained in a safe manner by having a to allow acess at the fight exit door from the corridor Exit Door blocked by furniture. This would affect all residents by not allowing free egress in an emergency. is room. Findings include: a) The right Exit Door from the Dining Room was The facility staff will monitor daily blocked by a chair on the patio outside, and tables and chairs on the inside. So that the exit door C 155 Floors-Non-skid, in Good Repair C 155 allows wess. 8/9/12 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT The requirements for floors are: All floors shall be of smooth, non-skid.



TriTek Fire & Security, LLC

6 Woodcross Drive Columbia, SC 29212 803-407-0747 Fx 803-407-0779

Augusta: 706-722-4464 Florence: 843-664-8811 Project Number 210644

7/7/2016

* * Proposal * *

Project Title:

2016 Inspection Repairs

Lake Pointe Assisted Living Tony Bigler 206 Wananish Ave Lake Waccamaw, NC 28450

Tel: 910-920-1180

Mfr-Part No.	Qty	Description	Unit Price	Extended
		2016 Fire Alarm Inspection Repairs		
		Tony Bigler (910) 308-7911 etcareinc@earthlink.net		
NOTIFIER-5601P	90	135 °F (57° C) fixed and rate-of-rise. (Plain)		
NOTIFIER-2W-B	2	Photo Detector, 2-wire, 12/24 Vdc, Photo.		
NOTIFIER-BG-12L	12	Dual action station, Red, terminal block, Key lock		
GENTEX CO-GEC3-24WR	9	GEC3-24 (Commander3) Series 24VDC, Wall Mount,		
		Evacuation Horn/Strobe Selectable Candela 15, 30, 60, 75, 110		
TRI-TECHNICAL	24	Technical Labor Service (Fire, Security, Communications)		
SERVICE LBR				
TRI-TRIP FEE	1	Trip Fee		

This is a proposal to replace all of the heat detectors in all residence rooms, pull stations so that the keys match, and audio visuals so that they sync that the fire marshal has stated that you need to correct as well as the smokes (hall by room 36, and hall by room 3) that failed the 2016 Fire Alarm Inspection. Once replaced the devices will be reinspected.

The above quote is an estimate only. All service repairs are estimated on bad device replacement, if our technician determines there are other issues such as wiring they will advise our office and you of the current situation. If additional time is required we will stop the repair, notify you of any additional time required and will not proceed until we are authorized to do so. This is to be considered a time and material estimate. If you have any questions please do not hesitate to contact our offices.

Thank you for allowing TriTek Fire & Security to serve your needs. If you have any questions or concerns please contact our offices.

This ** Proposal ** is Valid for 30 Days.

NC Local Tax \$ 173.62
Project Total: \$ 5,312.78

I Accept This Quote:

Please review the Terms & Conditions as noted on the follow page and Initial.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 HAL024011 B. WING 06/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 2 C 155 C 155, material and so constructed as to be easily has been replaced cleanable: (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: Based on observation, the facility floor 8/12/16 coverings were not maintained in a safe manner. The facility Thbis could expose residents to a slip and fall hazard. be monitored and maintained Findings include: a) Room 5 has broken floor tile b) Room 9 has broken floor tile There is broken floor tile in the left corridor. near the Laundry Room. C 162 Outside Premises-Outdoor Lighting C 162 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (3) Outdoor walkways and drives shall be illuminated by no less than five foot-candles of light at ground level. This Rule is not met as evidenced by: 1. Based on observation, the exterior lighting was a) Administrator will monitor not maintained to provide exterior illumination. This could expose residents to fall injury should exit areas lighting the light fail to illuminate the exit. Findings include: At the left exit the exterior light is missing the globe. C 164 Housekeeping and Furnishings-Clean, Repaired C 184

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 06/29/2016 HAL024011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG DEFICIENCY) C 164 C 164 Continued From page 3 All furniture with SECTION .0300 - PHYSICAL PLANT handles loosel missing 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS on the drawers have (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor been relaired and/or coverings kept clean and in good repair, (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the resident furnishings in bedrooms and other areas were not maintained in good condition. Findings include: a) Room 0 on left hall has furniture with handles loose/missing on the drawers. b) Room 0 on right hall has furniture with handles loose/missing on the drawers. c) Room 2 has furniture with handles loose/missing on the drawers. d) Room 5 has furniture with handles loose/missing on the drawers. e) Room 6 has furniture with handles loose/missing on the drawers. f) Room 7 has furniture with handles loose/missing on the drawers. g) Room 8 has furniture with handles loose/missing on the drawers, and a globe missing on the light fixture. h) Room 9 has furniture with handles loose/missing on the drawers, and a worn bed frame. Room 10 has furniture with handles loose/missing on the drawers. Room 13 has furniture with handles loose/missing on the drawers. k) Room 14 has furniture with handles

Division	of Health Service Re	gulation			FORM APPROVED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDE	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	loose/missing on the l) Room 17 has furn loose/missing on the m) Room 19 has furn loose/missing on the n) Room 22 has furn loose/missing on the o) Room 25 has furn loose/missing on the q) Room 27 has furn loose/missing on the r) Room 31 has furn loose/missing on the s) Room 33 has furn loose/missing on the missing. t) Room 36 has furniloose/missing on the missing.	drawers. iture with handles drawers. initure with handles drawers. iture with handles drawers iture with handles drawers iture with handles drawers, and a drawer is ture with handles drawers, and a drawer is	C 164		
C 166 H	open. () Room 40 has furnitionse/missing on the control of the co	trawers ture with handles drawers, iture with handles drawers, and a matress split ture with handles drawers. ined Free of Hazards rSICAL PLANT HOUSEKEEPING AND that!:	C 166		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL024011 06/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 166 Continued From page 5 C 166 (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Form. An Based on observation, housekeeping was not maintained to keep the facility clean and free of hazards. This could jeopardize the health of the residents. and receive medical Findings include: Exterminator records indicate bedbugs are present in the following areas: a) Room 4, b) Room 6, c) Room 8, d) Room 9, e) Room 10 (Plan of protection issued a) requiring housekeeping to monitor and record on a daily basis the status of resident beds in impacted rooms. Also requires daily examination of residents and recording of status) 2. Based on observation, housekeeping was not maintained to keep the facility free of hazards. This could leopardize the safety and health of the residents. Findings include: a) In the Oxygen Storage Room near room 2. oxygen bottles are being stored in a beverage attention it needed. b) Ladies bath near room 4 has mold growing on the shower walls c) The screen is missing off the Laundry Room window and there are flying insects present. C 183 Fire Extinguishers C 183 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each

RESIDENT EXAMINATION FORM

JUNE/JULY	29	30	1	2	3	4	5	6	7	8
DAY OF WEEK	W	T	F	S	5	M	T	W	T	F
ROOM 4	 	-			 	 	-	┼──	 	
ROSETTA CAIN	14	H	H	11	H	1	14	1	7+	T H
LISA SMITH	ZB	UF-	LP	LE	W	M	ID	RI	n7	70
ROOM 6	 	-				 	-			
CARY TURNER	乙	IF.	LF	(F	14	Ŋ	ZB	14	nz	N
ROOM 8										
CHERYL BAKER	TB	UF	TE	UE	L^{\perp}	100	ZB	Ric	77	NT
MARIE OLSEN	26	15	UF	C	Kil	N	IB	141	M	M
ROOM 9	-			7	-	-				
MILDRED STUBBS	75	UE	15	u	14	63	ZB	LI	M	W
CONNIE MCKEITHAN	邓	UP.	Œ	IF	PL	VI	70	R.	ΛT	N
ROOM 10										-
SYLVIA GRAHAM	70	uc.	UF	LF	K.L	M	78	14	W	107
MONIQUE BROWN	IB	15	IF	15	4	NT.	24	14	177	10

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 06/29/2016 HAL024011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 183 C 183 Continued From page 6 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents by not having fire protection equipment operable for use in an emergency. Findings include: The inspection tags on the fire extinguishers indicate that routine monthly inspections are not being performed per NFPA 10. C 189 C 189 Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F 0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a Findings include:

Division of Health Service Regulation							
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	: 01	COMPLETED		
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		100000011			06/29/2016		
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			-				
C 189	Continued From pa	ge 7	C 189		.		
	a) All fire doors on	the main corridor were		All fire doors are	4 10		
		to the failure of the magnetic	1)				
		(Plan of protection issued		1 34	Θ		
		r fire doors to be kept closed		working condition.	'		
	and latched until fire	e panel repaired and	i	bad Connection 4)	a S		
	hold-open devices t	ested.)		Dad connection 4	-11		
	2 Resed on observ	ation, the facility components		relaised to hold	all		
	were not maintained	d operable by having doors		Tepanes is in	loca		
-	that did not close or	mpletely and latch.		fire doors in B	lace		
	mar are mor alogo oc	impletely and later.					
	Findings include:			Droberty.			
				See ottoched			
	The following doors	have issues:	*	See or bore	. '		
	 a) The corridor door 	to room 2 scrubs the frame,		١ ١	\		
		nd latch., and has a loose	2)	The fire and s	econtu		
	door knob,	25 mark of the	0	company will man	الغدد		
	door-mounted hold	near room 25 part of the open device is missing,		DUMINATU WILL MAN	iza		
	c) The left and Evit	door scrubs the frame and		1	h		
	won't close and late	h		on a quarterly	hasis.		
		r room 5 sticks in the frame	outelessonitie	Mail with and making the beauty and the	ministrati operations		
	and is difficult to ope	en		Any mal function	\S		
	e) Downstairs bath	room door frame is missing		ming man rache	1 1		
[the strike plate.			will be reported	10		
-	f) The fire door sep	arating the left corridor from		Will be de in	1		
1	the central Living Ro	oom is missing the wire glass.		Stribban madiate	ly		
	g) Room 33 has a c	damaged closet door.		them immediate by the facility			
		r to room 38 won't close and		la sall a frailite			
	i) Room 39 has a d	annaged closet door. Bought	dow	Du the Toding	≾)		
	i) Room 31 has a cl	loset door with a loose door	40-	1700	·		
	knob. S<	Dave C		Statt.	1 1.1		
		the back Exit door won't		J.W	719/16		
	close and latch						
	 The comidor door 	to room 36 is missing the			1		
	strike plate for the la	itch					
	m) The main corride	or entry door to the Laundry					
		adbolt, and no positive			1		
	latching.						



SERVICE ACKNOWLEDGEMENT

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Forward to your Accounts Payable Department THIS IS NOT AN INVOICE (883) 407-8747 - (708) 722-4464 - (883) 874-8363 BILL TO SISTED oness on American ADDRESS (OR ATTN. OF) ADDRESS STATE 910 646 1113 PHONE TOP DATE CAND MEMBER BILLABLE GUSTOMER PO DYNS DND DEHARTURE VON EIG LABLE LABOR 1116 GENVICE CALL COMPLETED PROJECT COMPLETE WIER ELNO Cives UNO TRAVEL REC EQUINIENT MANUFACTURES MODEL & PHEIR LIGHT IN MSHIDIUD I I I I DESCHIPTIC! TOTAL S анку пе меньориев Dozen Holders NET Working was worked AUTHORIZATION TA SKINAZURE INVOICE COMMENTS

	page 8	COMPLETE
a	I had new screw/hinges tighten and a new door knob installed. Administrator	
	implemented a checklist that will be monitored monthly by Administrator	8/12/2
<u>b</u>	I had new screws put in to hold open device. Administrator implemented a	
	checklist that will be monitored monthly by Administrator.	8/12/2
C	I had hinges tighten to dor so that door will not scrub frame. Administrator	
	implemented a checklist that will be monitored monthly by Administrator	8/12/2
d	Adjusted casing on door to open and close. Administrator implemented a	
	checklist that will be monitored monthly by Administrator.	8/12/2
e	I had a new striker plate installed. Administrator implemented a checklist that	
	will be monitored monthly by Administrator.	8/12/2
f	New wire glass ordered and will be installed when arrives. Administrator	1
	implemented a checklist that will be monitored monthly by Administrator	8/30/2
g	A new closet door ordered and will be installed when arrives. Administrator	
_	implemented a checklist that will be monitored monthly by Administrator	8/30/2
h	A new striker plate was installed. Administrator implemented a checklist that will	
	be monitored monthly by Administrator.	8/12/2
1	A new closet door ordered and will be installed when arrives. Administrator	1
_	implemented a checklist that will be monitored monthly by Administrator	8/30/2
ī	A new door knob was installed. Administrator implemented a checklist that will	-
_	be monitored monthly by Administrator.	8/12/2
k	A new door was ordered and will be installed when it comes in. Administrator	
_	implemented a checklist that will be monitored monthly by Administrator	9/30/2
ī	A new striker plate was installed. Administrator implemented a checklist that will	- Or GOIL
_	be monitored monthly by Administrator.	8/12/2
m	A new lockable door knob was installed. Administrator implemented a checklist	
_	that will be monitored monthly by Administrator.	8/12/2
n	Closet door repaired. Administrator implemented a checklist that will be	07.12.12
-	monitored monthly by Administrator.	8/12/2
_	months of months of the months	01122
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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 06/29/2016 HAL024011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 8 n) Room 26 has a closet door with a hole in it Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin. See attack Findings include: a. The attic fire wall over room 31 has an unprotected penetration by conduit. b. In room 38 there is a hole in the wall behind the corridor door c) In bedroom 5 there is a hole in the wall in the closet near the window. d) The public ladies bathroom ceiling in the lobby was damaged and has been partially repaired but has not been sealed and refinished. e) Room 38 has ceiling damage. Repair and refinish f) The Beauty Shop is being used to store boxes of diapers and contains substantially more combustible materials than it was designed for. g) Bedroom 26 has an unprotected ceiling penetration by CATV cable in the corridor closet. The Nurse Station has a dutch door that has no automatic flush bolt to latch the two leaves together automatically. These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.

Division of Health Service Regulation

	page 9	COMPLETE DATE
а	Penetration in fire wall was mudded and taped. Administrator implemented a	
L	checklist that will be monitored monthly by Administrator	8/12/2016
ь	A door stop was installed. Administrator implemented a checklist that will be	
ᆫ	monitored monthly by Administrator	8/12/2016
С	The hole in closet was repaired by mudding and painted. Administrator implemented	
	a checklist that will be monitored monthly by Administrator.	8/12/2016
d	The ceiling will be mudded and painted. Administrator implemented a checklist that	
	will be monitored monthly by Administrator.	8/30/2016
e	The ceiling will be mudded and painted. Administrator implemented a checklist that	
	will be monitored monthly by Administrator.	8/30/2016
f	Diapers were taken out and put in Diaper room and storage boxes are of minimum.	
	Furniture was taken out. Administrator implemented a checklist that will be	
	monitored monthly by Administrator	8/12/2016
g	Unprotected ceiling penetration was Fire Caulked. Administrator implemented a	
	checklist that will be monitored monthly by Administrator	8/12/2016
h	A automatic flush bolt was installed to door. Administrator implemented a	
	checklist that will be monitored monthly by Administrator	8/12/2016
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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 R WING 06/29/2016 HAL024011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 206 WANANISH AVENUE LAKE POINTE ASSISTED LIVING LAKE WACCAMAW, NC 28450 (XS) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 9 Findings include: Exit signs and emergency lights are not working in the following locations: a) The corridor Emergency Light near room 9 is not working on battery backup, b) On the right corridor the Exit Sign at the back Dee attache Exit door is not working on battery backup c) In the Dining Room the Emergency Light is not working on battery backup. d) Based on observation, the building plumbing equipment was not maintained operable. This could expose residents to a slip and fall hazard. Findings include: a) The ladies bathroom near room 4 has a tollet coming loose from the floor, and a loose toilet b) Bathroom "D" near room 37 has a toilet coming loose from the floor. Bathroom near room 35 has a toilet coming loose from the floor. d) Ladies bathroom near room 4 has a sink leaking onto the floor 6. Based on observation, the building plumbing equipment was not maintained in a safe manner by not providing a vacuum breaker. This would affect all residents by potentially siphoning waste water into the potable water system. Findings include: In the ladies bathroom near room 4 the spray hose on the tub has no vacuum breaker. 7. Based on observation, the building electrical system was not maintained to keep the facility safe. This would affect all residents by potentially

	Page 10	COMPLETE DATE
	C189 continued from page 9	
a	A new Emergency Light installed. Administrator implemented a checklist and	
	will be monitored monthly by Administrator.	8/12/2016
ь	A new Exit Sign back up light was installed. Administrator implemented a	-
~	checklist that will be monitored monthly by Administrator.	8/12/2016
С	A new Emergency Light installed. Administrator implemented a checklist and	011212011
-	will be monitored monthly by Administrator.	8/12/2016
	will be monitored monthly by Administrator.	- CITE ZOIL
5a	New Flanges and anchors for toilet was installed. Administrator implemented a	+
	checklist and will be monitored monthly by Administrator.	8/12/2016
b	New Flanges and anchors for toilet was installed. Administrator implemented a	
	checklist and will be monitored monthly by Administrator.	8/12/2016
С	New Flanges and anchors for toilet was installed. Administrator implemented a	
	checklist and will be monitored monthly by Administrator.	8/12/2016
	Sink was repaired with a new seal. Administrator implemented a checklist and	1
	will be monitored monthly by Administrator.	8/12/2016
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STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		
		HAL024011	B. WING		06/29/2016	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LAKE PO	INTE ASSISTED LIV	INC	ANISH AVEN	IC 28450	CTION (X5)	
(X4) ID PREFIX TAG	IX [EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS RECEDENCED TO THE APPROPRIATE					
C 189	Continued From pa	age 10	C 189			
	exposing them to a	shock hazard				
	is hanging out of th b) The duplex out cover.	et in room 39 is missing the		See attache	al	
	c) In the Employee outlet missing the	e Lounge there is a duplex cover plate.				
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		man in the contract of the con				
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L	page 11	COMPLETE DATE
	C189 continued	
\Box		
a	A duplex outlet was installed. Administrator implemented a checklist and will	
-	monitored monthly by the Administrator	8/12/2016
-	monitored monthly by the Administrator. A duplex outlet was installed. Administrator implemented a checklist and will	0/12/2010
D	A duplex outlet was installed. Administrator implemented a checklist and will	014010040
_	monitored monthly by the Administrator. A duplex outlet was installed. Administrator implemented a checklist and will	8/12/2016
С	A duplex outlet was installed. Administrator implemented a checklist and will	
	monitored monthly by the Administrator.	8/12/2016
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